

# White House Conference on Aging

## Post-Event Summary Report Georgia Designated Event 2 of 5

**Name of Event:** Coalition of Advocates for Georgia's Elderly (CO-AGE) Winter 2005 Quarterly Meeting  
**Date of Event:** January 6, 2005  
**Location of Event:** Jewish Federation of Greater Atlanta; Atlanta, Georgia  
**# Attending:** 80  
**Sponsoring Organizations:** Georgia Division of Aging Services (WHCOA Session Sponsor)  
Georgia Council on Aging, Georgia Association of Area Agencies on Aging, Georgia Gerontology Society  
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### ■ Priority Issue # 1:

**Description:** Lack of flexible, affordable transportation options for seniors

#### **Barriers:**

- Support and funding for senior transportation has decreased
- Legislators' and the general public's lack of awareness of transportation problems for seniors
- Transportation issues differ for urban and rural seniors; different solutions are required
- Public transportation access is too far away, particularly for seniors with mobility issues.
- Limited handicapped-accessible public transportation options
- The private transportation market is both expensive and insensitive to the special needs of seniors and the handicapped
- Current system is uncoordinated, inflexible, inconvenient and inconsistent
- Providers from different programs are competing for scarce resources
- Difficulty of trying to serve a widely distributed client base, particularly in rural areas
- Insurance and liability issues deter civic and faith-based groups from becoming providers
- High gas prices and time required in serving seniors deter profit-motivated providers
- Leadership void on this issue---at all levels of government

#### **Possible Solutions:**

- Increase funding for current providers and for expanding voucher programs
- Focus advocacy efforts to bring the issue to the forefront
- Establish a unified senior transportation funding and decision making entity ( such as the AAAs)
- Examine best practices programs developed in other communities
- Use pilot programs that emulate successful transportation systems in other communities
- Community planning to bring housing together with shopping and services
- Tap into existing service providers in naturally occurring retirement communities (NORCs)
- Address civic and faith-based volunteer groups concerns regarding insurance and liability issues; create a non-profit insurance pool for volunteer providers
- Streamline the paperwork process for applying for services
- Re-purpose inactive and under-utilized state vehicles
- Convene a transportation symposium to brainstorm solutions---local and state

## ■ Priority Issue # 2:

**Description:** Transition from a disease care system to a health care system by focusing on health promotion and disease prevention and by increasing research funding

### **Barriers:**

- Health promotion and disease prevention not seen as a high priority issue
- Fiscal short-sightedness; legislators focus on issues that show immediate benefits
- Costs of chronic disease management and emergency care create a crisis mentality, deterring future-focused thinking and spending
- Resistance to healthier lifestyles, particularly among the older adult cohorts
- Failure to see the connection between lifestyle choices and impaired health status
- Lack of awareness of existing health promotion and disease prevention programs and initiatives
- No centralized source for information on health promotion and disease prevention
- “Silo mentality” among prevention and promotion organizations deters collaboration
- Insurance companies are often reluctant to pay for preventive care
- Medical providers don’t take the time to reinforce the importance of healthy lifestyle choices
- Failure to see research funding as a critical investment
- Restrictions on stem cell usage impedes research efforts

### **Possible Solutions:**

- Fund and publicize research that confirms cost savings from reducing the incidence of chronic disease and lifestyle-related health problems
- Fund on-going health promotion and disease prevention awareness campaigns; create separate campaigns to appeal to different age cohorts
- Begin education efforts early, in middle school and high school health classes
- Improve access to health promotion and disease prevention services, especially for lower income
- Establish a “one-stop” shop source for information on health promotion and disease prevention
- Coordinate advocacy efforts to enhance the “voice strength” and overall reach of the message
- Ask medical providers to spend more time with patients to talk about these issues
- Utilize existing state and county-owned buildings (i.e. schools, libraries, and government office buildings) for hosting classes and programs during off-peak hours
- Encourage businesses, civic organizations, and churches to become involved in health promotion and disease prevention efforts to reach people where they live, work, play, and worship
- Provide incentives for health insurers to pay for health promotion and disease prevention
- Encourage insurers to lower premiums for non-smokers, those who receive annual check-ups, and those who maintain a healthy weight as a way to change unhealthy behaviors
- Expand funding for research on diseases related to aging; Alzheimer’s, heart disease, diabetes, etc.
- Relax restrictions on stem cell usage

## ■ Priority Issue # 3:

**Description:** Support aging in place by improving access to support services and promoting home care

### **Barriers:**

- People don’t know where to go for information
- Isolated older adults are often unaware that there is help available
- Institutional bias is pervasive; even though home and community based care costs less
- Lack of affordable home modifications

- Inadequate funding levels and provision of non-medical assistive services such as cleaning, yard work, basic repairs and money management
- Too many families are unable or unwilling to assume care giving responsibilities
- Inadequate supply of qualified paid caregivers; directly related to low pay and high physical and emotional demands of the job

#### **Possible Solutions:**

- Implement a “one-stop” shop gateway system for all aging-related programs and services; use healthcare providers (doctors, clinics, hospital discharge planners) to promote the I & R system to elderly patients and their families
- Conduct grassroots, door-to-door I & R campaigns in naturally occurring retirement communities (NORCs) to find and assist isolated, at-risk seniors
- Publicize cost savings of home and community care over institutionalization; escalate legislative advocacy efforts to increase funding levels for home and community based care
- Develop community partnerships with local businesses, civic organizations, and faith-based groups to provide funding and volunteer labor for senior assistance projects
- Tap into teen power; contact local PTSA's to set up programs to use student volunteers
- Legislate tax credits for family members who provide care giving to elderly relatives
- Fund caregiver “relief” vouchers to give family caregivers a break from their duties
- Assistance funds should “follow the person”, adjusting to changing needs; “super waivers”
- Increase the supply of qualified caregivers by offering scholarships and grants

### **■ Priority Issue # 4:**

**Description:** Need to increase the supply of affordable, accessible senior housing

#### **Barriers:**

- Older housing stock is not “senior-friendly”, often requiring extensive adaptation and repair; newer housing is frequently too large and expensive
- Zoning issues; neighbors don’t want the higher density construction to devalue their property
- Senior housing in urban settings is often perceived as being less “safe”
- Limited funding for developing model communities; few best practice models to emulate
- No standard definition of “livable community”, or “senior-friendly” housing
- “Senior communities” discourage inter-generational integration, further isolating the elderly
- The geographic dispersion of seniors in rural settings increases the difficulty of addressing their needs; adapting their homes still leaves them isolated from other services

#### **Possible Solutions:**

- Work to improve the livability of homes in naturally occurring retirement communities (NORCs) to help those who wish to remain in their homes do so
- Convene a symposium on senior housing to define standards and brainstorm solutions
- Put out an RFP for model housing for senior friendly communities
- Through tax incentives, encourage the development of pilot model communities that include housing, shopping, and services, as well as transportation links to the broader community
- Encourage the development of CCRCs to accommodate the needs of seniors who prefer the continuum of care model for senior living
- Allow assisted living facilities to provide moderate levels of medical assistance

## ■ Priority Issue # 5:

**Description:** Personal planning along the lifespan to ensure the quality of later life

### **Barriers:**

- Health care and long-term care are perceived as being unaffordable
- Perception that pensions and Social Security benefits may not be available for future retirees
- Lack of understanding of financing of health care and long-term care
- Inadequate levels of social insurance funds to support retirees over increased life spans
- Lack of incentives for employers to provide retirement benefits
- Current method of tying retirement funding to employers is inherently incompatible with our increasingly fluid workplace; disenfranchises part-time and contingent workers
- Few incentives for self-support and for saving for retirement: entitlement “habit” is hard to break

### **Possible Solutions:**

- Develop outreach to educate consumers about the critical need to plan for a long life
- Change the tax structure to encourage retirement saving and the purchase of long-term care insurance
- Provide incentives to employers to provide pension benefits and to protect those benefits
- Government provided universal health care
- Investigate alternatives to government-sponsored universal health care
- Encourage public-private partnerships and faith-based initiatives to meet some needs of retirees
- Provide a living wage and promote personal responsibility for planning for retirement

## ■ Priority Issue # 6:

**Description:** Encouraging seniors to engage in community service and volunteerism and promoting continued social engagement

### **Barriers:**

- Difficulty in identifying areas of need where seniors can be of assistance
- Competition among organizations for senior volunteers
- Problems with retaining volunteers; high turnover
- Lack of funding for administrative staff, recruitment, training and record keeping
- Lack of funding for engagement-oriented programs, i.e. exercise, crafts, computers, foreign language, mind stimulation; not viewed as a high priority

### **Possible Solutions:**

- Fund regional/local studies to identify areas of need where seniors can make meaningful contributions, possibly through the AAA’s
- Develop a “one-stop shop” for recruiting senior volunteers and matching them with positions consistent with their skills and interests
- Provide sufficient, and stable, funding for staff, training, outreach and record keeping
- Develop ad campaigns to promote the importance of senior service and volunteerism
- Partner with local groups, including civic and faith-based organizations, to increase access to senior volunteers and for mutual support of appropriate activities
- Research, develop and fund programs, i.e. exercise, crafts, computers, foreign language, mind stimulation, that demonstrably improve seniors’ physical and/or mental health

## ■ Priority Issue # 7:

**Description:** Constructing a “senior-friendly” workplace

### **Barriers:**

- Ageism in today’s workplace devalues contributions of older workers; youth-oriented culture perpetuates negative stereotypes of aging
- Workplace lacks the flexibility to accommodate the needs and preferences of older workers
- Employers question return on investment in re-training older workers: today’s workplace requires technically proficient workers; can seniors adapt?
- Employers have difficulty accommodating working caregivers; stress of dual roles creates physical and mental health problems for working caregivers
- Social Security “give-back” clause penalizes recipients who continue to work; goal should be to create incentives for seniors to remain in the workforce, not disincentives
- Americans have been socialized to retire at 65; retirement is viewed as a “reward”
- Limited funds for government-sponsored re-employment and retraining programs for seniors who wish to re-enter the workplace but lack appropriate skills

### **Possible Solutions:**

- Create a public service ad campaign focusing on the achievements and contributions of older workers; reinforce the societal value of seniors’ experience and wisdom
- Encourage the use of flexible work arrangements such as job sharing, tele-commuting and flexible hours; fund and publicize studies that show the benefits of these workplace adaptations
- Provide tax incentives to employers to hire and retain older workers
- Support working caregivers by increasing funding for the National Caregiver Support Program
- Amend Social Security to remove the penalty on recipients who continue to work
- Create a campaign to encourage seniors to use their resources (skills, time, money) to serve their country
- Establish a national senior service corps, administered through the AAA’s, to channel seniors into service projects consistent with their skills and interests
- Expand funding for worker retraining through the Workforce Investment Act
- Encourage seniors to retrain or redirect by offering free tuition at community colleges and technical schools; encourage school administrators to set up programs to assist senior students